



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E302593**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00219
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION							
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #			
DATE OF COLLISION	01 - 24 - 2014	1944	31		N S E W	IN <input checked="" type="checkbox"/> OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>				
92ND AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	300				
MILE POST						
DISTANCE	150	00	MILES	N S E W	OF (REFERENCE OR CROSS STREET)	4TH ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4258790337
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LAST NAME	WINTCH	FIRST NAME	KRISTA	MIDDLE INITIAL	L
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STREET NEW ADDRESS	1319 85TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583681
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	WINTCKL231NB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	02	1977
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ON DUTY	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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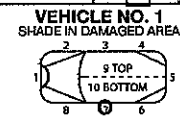
LICENSE PLATE #	AOF4858	STATE	WA	VIN#	JM1GJ1W66E1140181
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	MAZD	MODEL	6	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	KRISTA DAVIS 1319 85TH AVE SE LAKE STEVENS WA 98258
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 195434702
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4254461173
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LAST NAME	LINDSEY	FIRST NAME	STEPHEN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	8702 14TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LINDSSJ458QC	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11	03	1955
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ON DUTY	STATUS	3	AIRBAG	RESTR.	EJECT	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	ANKLE
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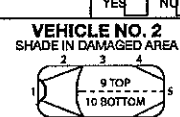
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E302593**

CASE # **14-00219**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Veh #1 was stopped at the posted stop sign at the southwest exit of Sports Authority. Veh #1 turned on the turn indicator and began a left turn. Veh #1 was approximately 3-4 feet in the roadway when Ped #1 struck Veh #1 in the drivers side mirror. The driver of Veh #1 stated that Ped #1 was not present when she approached the stop sign. The driver of Veh #1 also stated was in the roadway when the impact occurred. The driver also indicated that she had just taken her foot off of the brake just prior to the impact, so her speeds were minimal.

Ped #1 was contacted and identified. Ped #1 stated that the driver of Veh #1 was flying around and just hit him. I could smell the strong odor of intoxicants emitting from Ped #1 person while he was being treated by aid. Ped #1 was also slurring his speech when he spoke. I noticed that Ped #1 was also wearing dark clothing during the incident.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-25-14 05:46 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

1/26/2014 1:53:02 AM

BADGE OR ID # **126**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:45 PM**

TIME POLICE ARRIVED **7:49 PM**

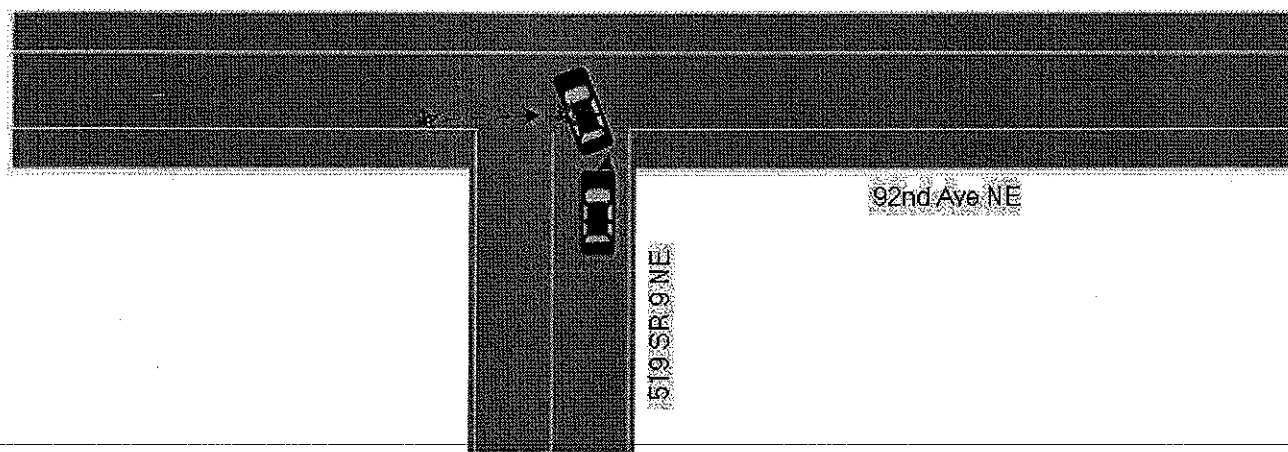
REPORT NO. E302593

CASE # 14-00219

DATE AND TIME
OF COLLISION 01/24/14 19:44



Not to Scale



FOLLOW-UP REPORT

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Vehicle Collision	INCIDENT NUMBER 14-00219
NAME OF VICTIM(S) Lindsey, Stephen J (11/3/55)		

On 1/24/14 at approximately 1945 hrs., I was dispatched to a priority vehicle collision in the area of the 300 blk of 92nd Ave NE. The reporting party indicated that there was a vehicle that had collided with a pedestrian.

I arrived onscene at approximately 1949 hrs. When I arrived, FD 8 was already treating the involved pedestrian for injuries. I immediately contacted the driver of the vehicle. The driver was identified with a current Washington State Drivers License as Wintch, Krista L (8/21/77). Krista stated that she was exiting the parking lot of Sports Authority, 519 SR 9 NE. Krista used the southwest corner that exited onto 92nd Ave NE. Krista stated that she came to complete stop at the posted stop sign. Krista said that she took her foot off of the brake pedal and slowly proceeded into the roadway. Krista indicated that she when she was in the roadway, the pedestrian had struck the driver's side mirror. Krista described the impact location at approximately 3 feet in the lane of travel. Krista immediately stopped and checked on the pedestrian. Krista said that when she started to talk to the pedestrian he stated words to the effect of, "You didn't see me and I didn't see you." Krista said that at that point, he stated his ankle was injured.

While I was interviewing Krista, a male had exited Razzel's, 9327 4th St NE, and confirmed that the male pedestrian was his friend. The male indicated that they were just out together.

I contacted the pedestrian that was being treated by aid. When I began talking to the male, I could smell the strong odor of intoxicants emitting from his breath and/or person. I noticed that male's eyes were very red and watery. He was also slurring his speech when he spoke to me. The male was identified, verbal only, as Lindsey, Stephen J (11/3/55). I asked Stephen what had happened. Stephen said words to the effect of, "That fucking bitch just hit me." I asked him if he could elaborate on that. Stephen said that she just ran him over. Stephen indicated to the aid crew that his ankle was injured. At the time of the collision, Stephen was wearing a black in color jacket.

FD 8 informed me that at that time there was no evident injury to Stephen. They informed me that they would be treating him for an injured ankle. FD 8 transported Stephen to Providence Medical Center for further evaluation and treatment.

Photos of the scene were taken and booked into property.

The roadway that this collision occurred is a narrow one-way, with traffic traveling to the south. The location is poorly lit. There is no crosswalks present at the exit.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER
M. Hingtgen #126

APPROVED BY

[Signature]

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00279

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Winton, Krista Lynn			F	8/2/1971	30	5'7"	135	Brown	Green
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS		
1319 85th Ave SE		Lake Stevens		WA		98258				
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT						
		425.879.0337								
WORK PHONE		EMAIL ADDRESS								
		myagentkrista@yahoo.com								

I, Krista Winton, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I stopped at the stop sign and proceeded to turn left. As I turned, I heard a loud thump and something hit my window (drivers side). It was a person and my mirror was smashed. He was on the ground and said "you didn't see me and I didn't see you". He said his ankle hurt. I tried to speak with him but he was intoxicated (it seemed) and was slurring. He did tell me his name and age. I had just stopped at the stop sign and was pulling away from it so ~~luckily~~ I was going very slow. I did not see him until he ran into my window.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: <u>1-24-14</u>	LOCATION SIGNED: <u>Lake Stevens</u>
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED: <u>1/25/14</u>	LOCATION SIGNED: <u>LAKE STEVENS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 2
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number M. HINGSTEN #126			Case Number 14-00219		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: COLLISION			Date/Time: 1/24/14 @ 1944		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # 1	Item PHOTO CD Brand Name ORIGINAL				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action # 3						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item # 2	Item PHOTO CD Brand Name COPY				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action # 3						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

Incident History for: #SS14001677 Xref: #AG14000264

Case Numbers: \$SS14000219

Entered 01/24/14 19:44:34 BY SPCT07 SP0279
Dispatched 01/24/14 19:45:56 BY SPSC40 SP0274
Enroute 01/24/14 19:45:56
Onscene 01/24/14 19:49:26
Closed 01/24/14 20:22:55

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 9327 4 ST NE ,LKS -- RAZZALS ,LKS btwn FRONTAGE RD & 97 DR NE (V)

Loc Info:

Name:	Addr:	Phone:
/1944 (SP0279) ENTRY	, VEH VS PED, STILL DOWN, C/BN	
/1944 (SP0274) AGCADV	, 19S12	
/1944 VIEWED		
/1945 DISPER 19N2	#SS126 HINGTGEN, OFFICER (MICHAEL)	
/1946 CROSS	#AG14000264	
/1947 ASSTER 19S12	[9327 4 ST NE ,LKS]	
	#SS79 SUMMERS, SGT (ROBERT)	
/1948 ASSTER 19N1	[9327 4 ST NE ,LKS]	
	#SS102 PLANALP, OFFICER (DANIEL)	
/1949 ONSCNE 19N2		
/1950 (*****) REMINQ 19N2	AOF4858	
/1950 (SP0274) REMINQ 19N2	LIC, 19N2, AOF4858,,	
/1951 \$PREMPT 19S12		
/1951 (SS102) REMINQ 19N1	MDTVEH, ABB5901,, WA,,,,,,,,,	
/1956 (SP0274) ONSCNE 19N1		
/1958 ASNCAS 19N2	\$SS14000219	
/2003 (SS126) REMINQ 19N2	MDTWANT, LINDSEY, STEPHEN, J, 110355,, WA,,,,,,,,,	
	,,,	
/2005 (SS102) CLEAR 19N1		
/2022 (SS126) *CLEAR 19N2	D/H	
/2022 CLOSE 19N2		

LSPD
ORIGINAL